

HEALTH ISSUES

Exceptional Children

Why? An Exceptional Child in the Family

Teacher Notes:

1. Write the word *exceptional* on the board as a trigger word. Ask students to respond with all the words and concepts that come to mind when they hear the word. Make a list of these words and phrases on the board. For more responses refer to specific handicaps: blindness, mental retardation, and so forth. Compare the lists. Which handicaps seem to evoke the most negative responses, which the most positive? Which seem to make students most fearful? Using the article "After the Shock – Coping with Autism," discuss the reasons behind fearful, guilty, or resentful attitudes toward the exceptional.

2. Ask the students to respond, in a discussion or in writing, to the following:

How would your life change if:

- Your mother were confined to a wheelchair?
 - You were confined to a wheelchair?
 - Your father were hard of hearing?
 - Your live-in grandmother were losing her sight?
 - There was no money for your college education because your sister's medical care was so expensive?
 - You had to take your retarded brother to school football games?
 - Your sister lost her arm in an automobile accident?
3. Have the students imagine they have a friend or acquaintance with a brother or sister who is exceptional. How would they give support to the sibling who is not handicapped? Would they be able to recognize which stage of adjustment their friend was going through. Review the stages: shock, denial, mourning, defense systems, acceptance.
 4. Arrange for students, in groups of five, to borrow wheelchairs. Have them attempt one of the following, taking turns being the person in the wheelchair:
 - Seeing a movie
 - Shopping at the nearest shopping center
 - Using the local library
 - Washing clothes at a Laundromat
 - Going to the post office

Why? An Exceptional Child in the Family (Continued)

5. Have the students discuss their findings after they have completed the activity.

To promote personal development, to provide a leadership opportunity for chapter members, and to raise the consciousness of the people in your school or community, sponsor a "Exceptional Empathy Day." Have members "live an exceptional" for a day.

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Walk in Another Person's Shoes: Learning and Communicative Handicaps

Teacher Notes:

Perceptual difficulties do not indicate intellectual deficiency. Most of us have some educational or perceptual disability, but it is so minor that we adapt to it and are unaware of its existence. The series of activities that follow will demonstrate the frustration felt by persons who have not been able to adapt to their perceptual difficulties. Early intervention in treating learning and communicative difficulties is desirable.

1. Have the class do the motor disability activity.
 - a. Have the students stand on their right foot. Have them rotate their left foot in a clockwise direction and their left hand in a counterclockwise direction.

They will probably find this activity very difficult.

- b. Have the students try rotating the left hand and the right foot clockwise. This activity will be easier because they are using one side of the brain for their hand and one side for their foot.

NOTE: Some students will experience frustration with an even simpler coordination activity.

2. Have the class do the visual perception activity.
 - a. Hand out a blank piece of paper, mirror, and pencil to each student.
 - b. Have each student draw a large five-pointed star on the paper.

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Walk in Another Person's Shoes

Teacher Notes:

(Continued)

- c. Have the students hold the mirror next to their star. As the students are looking in the mirror, have them re-draw the star on the same lines.

NOTE: Most students will find this activity difficult. It will help them understand the frustration of those persons whose perception and ability prevent them from translating an object or word they see onto paper. They can see what they should do but, for some reason, cannot do it.

3. Have the class do the hearing perception activity:

Have students try to tape-record a specific sound in a noisy room. (For example, tape a person's voice in the cafeteria during lunch or in the school hall between classes.)

NOTE: Students probably will have a difficult time because tape recorders are not selective about sounds. Your brain can select the sounds you want to hear. Some people are not able to isolate sounds; consequently, they find it difficult to concentrate and learn through hearing.

4. Invite a guest speaker to your classroom to discuss the kinds of learning disabilities and the sources of help in your community. Possible speakers may be the resource teacher at your school, a counselor, or a representative from the California Association of Neurologically Handicapped Children (CANHC). An alternative activity is to have students interview the resource person, counselors, and a person from CANHC. Make a chart of learning disabilities and sources of help.

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Handout

After the Shock – Coping with Autism

By Ruth Harris Swaner. *Mrs. Swaner lives in Smithpeld, Utah.*

Finding out your child is exceptional is one thing. Accepting it is another.

When I was told my six-month-old son had a "neurological problem," I reacted like most would, with shock.

A physician had noticed the way my child flailed his hands and suggested there might be problems. That was the shocker, to even think there was something wrong. That set me on a path leading from denial to acceptance—a path I still retrace occasionally in coping with the problems of my son.

Looking back on the ups and downs, I realize that it really was not the problems posed by my son that I had to learn to cope with, but with myself. The problem was with me and my feelings about myself. That was the turning point: a realization that I had to explore my own feelings and that I could ask for help.

But there were some crushing moments to endure before I reached that point.

The worst day of my life was when my husband and I took six-month-old Michael to the Primary Children's Hospital in Salt Lake City for testing.

All I can remember is going from one room to the next for tests. A nurse would come in and take the baby out of my arms and into another room for the test. Then she'd bring him back, tired and crying. I kept hearing little kids crying in other rooms, and it started to unnerve me.

By the end of the day when doctors asked my husband and me to hold the baby's arms while they did a blood test, I'd had enough. I went out to the car and fell apart.

We returned to the hospital a second time to meet with doctors. At that meeting the doctors advised us, "Your child has brain damage." They told us that they didn't know how or why the damage had occurred.

After the Shock—Coping with Autism (Continued)

I remember the doctors telling us that our child "may possibly be dependent on us the rest of our lives . . . may never attend public schools . . . and will probably lack good judgment."

The doctors then encouraged us to take Michael to the Exceptional Child Center at Utah State University, praising it as one of the best facilities available.

As we rode home, Roger and I were completely silent. It was as though we were in a state of shock. I think disbelief was in there, too, and a feeling of hope that the doctors were wrong.

It was at least a month before I called the Exceptional Child Center. I didn't look for any help because I didn't believe it. I just couldn't. I knew if I picked up the phone and asked for help, I would be saying I believed my child wasn't normal.

Michael looked no different than any of his three older brothers. I think that was one reason we didn't believe he was abnormal.

As a family we had to accept many changes in our day-to-day living. A great deal of time had to be spent routinely teaching Michael basic things like crawling, walking, feeding himself. The other children sensed that I was spending a lot of extra time with him. My husband also felt neglected in the beginning. We both talked about our feelings and knew that we would both have to sacrifice in order to help Michael progress.

Now, at age three-and-one-half, Michael shows other developmental signs. He doesn't talk and therefore he can't tell us what he needs or how he feels—a great frustration for mother. Then there is the uncontrollable flailing of the hands when he gets excited.

Looking back, I can identify about ten different emotional stages I went through—some more than once. One was anger.

An early test at the Child Center convinced even me that Michael was severely deaf, along with his other problems.

The anger came out on the way home. He was giggling and having a good time on the seat, but his mother was going through hell. All I wanted to do was scream. I looked up to the sky and said, "What more is going to happen to my child?"

Later a sophisticated test administered at the Primary Children's Hospital showed

that Michael was not deaf after all. That made me very mad. He was just not responding to sounds! I boiled over with the anger of frustration.

After the Shock – Coping with Autism (Continued)

Part of my frustration was being a parent living in a world of unknowns. Doctors gave me a lot of maybes and ifs, a lot of big words but no certainties. "What do these words mean?" I remember asking myself.

Early in the testing, I began to suspect that Michael was autistic – a condition doctors have since agreed the child exhibits symptoms of having.

One of the symptoms is withdrawal into himself. He was totally in another world at times, completely unaware of what was happening around him.

I was frustrated because personnel at the child center wouldn't confirm my own diagnosis but instead kept an open mind. Today, I understand why doctors resist labeling a child into a specific category. By so doing, they could perhaps deny him treatment and care associated with other problems.

Guilt was also a big problem for me. One of my first questions was whether smelling glue could cause brain damage. When I was eight months pregnant, I purchased a load of carpet squares and glued them to the floor of a room in my home. My doctor eliminated my concern.

At the center I found help for myself as well. Friends could only go so far. I realized I needed professional help. I began meeting and counseling with Phyllis Cole, coordinator of clinical services, whom I had met when Michael was first evaluated.

She took me full-circle. I showed up initially to discuss my problems concerning Michael, but the counseling soon centered on me more than Michael. Once I had solved my own problems, I was able to deal with my son's problems.

Because I enjoy writing, I kept a daily log of the feelings and guilt trips I went through. I listed them as they happened, with one or two words which conveyed the feeling plus a quote to characterize it.

They were:

(1) First Shock – "A nightmare"

(2) Disbelief – "Doctors are wrong"

(3) Anger – "Why my child?" "Why us?"

(4) Rejection — "I can't accept the child as he is"

After the Shock—Coping with Autism (Continued)

- 5) Lack of understanding—"What do these medical words mean?" They are so ambiguous
- (6) Ignoring—"If I ignore the problem, maybe it will go away"
- (7) Ashamed—"I can't take what others may say; I'll keep my child at home"
- (8) Turning point—"A self-exploration. What do I really feel . . . I can ask for help"
- (9) First Acceptance—"I can say . . .I gave birth to an exceptional child and feel it and believe it"
- (10) Adjustment period—"Ready for work—" This is a slow lifelong process
- (11) Total dedication does not mean "over" dedication, which would strain relationships with the other children or my husband.

I also submitted the list to other mothers with exceptional children. To my surprise they recognized some of the same feelings they had experienced.

Looking back, I realize that this list helped me to understand myself better, and it will, in the future, help me deal with other trials which may occur.

On reflection I feel my husband and I are closer because we finally relied on each other. We communicated, eventually, in a time of trial, and this, in turn, helped us to stay communicative in all areas of our married life.